



**Town of Avon**  
**Procedure and Application for a Warning Sign for a deaf and/or blind child.**

**PROCEDURE.**

A resident living on a street or road under the jurisdiction of the Town of Avon who wishes to have a Deaf or Blind Child warning sign installed must submit a written request to: Avon Public Works Department, 6570 E US 36, Avon, IN 46123 or via email: [jstandifer@avongov.org](mailto:jstandifer@avongov.org). Questions? Contact Jasmine Standifer: 317-272-0948.

The following criteria apply:

1. The hearing and/or visually-impaired child for whom the sign(s) are to be installed must be under eighteen years of age.
2. Written verification of the child's hearing problem and/or documentation stating the child is legally blind must be received from a school official or a licensed physician. If the above criterion is met, a sign(s) will be installed at the direction of the Town of Avon Public Works Departments
3. The following guidelines will be followed:
  1. The Deaf or Blind Child warning signs shall be placed according to the best practices for installing warning signs.
  2. In the case where the child is confirmed to having both a hearing and visual impairment a "Deaf Child" sign will be chosen for installation.
  3. The sign placement will be reviewed at least every two years to insure that the above criterion is still being met.
4. The Town of Avon Public Works Department shall remove the Deaf or Blind Child warning sign(s) when the hearing and/or visually-impaired child becomes eighteen years old or if the impaired child no longer resides at the address for which the signs were placed.
5. The requestor of the sign shall be responsible for notifying the Town of Avon Public Works Department if the child no longer resides at the address for which the signs were placed. These criteria shall be superseded by any and all changes to the Manual of Uniform Traffic Control Devices, which affect the criteria and/or placement of the Deaf or Blind Child warning sign.



**Application for  
Deaf or Blind Child Warning Sign**

Date of Application: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Address of Applicant: \_\_\_\_\_  
Email of Applicant: \_\_\_\_\_  
Phone Number of Applicant: \_\_\_\_\_

Type of Sign Being Requested:            \_\_\_ Deaf Child Warning Sign  
                                                          \_\_\_ Blind Child Warning Sign

Name of Child: \_\_\_\_\_  
Applicant's Relationship to Child: \_\_\_\_\_  
Is the child under 18 years of age? \_\_\_\_\_

Does the child reside at the address of the applicant? \_\_\_\_\_  
If not, what is the address for the requested sign? \_\_\_\_\_

Can you provide written verification of the child's hearing problem and/or documentation stating the child is legally blind from a school official or a licensed physician?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Attach documentation with application.

**Acknowledgement**

- I understand that the deaf or blind child warning sign does not guarantee the safety of my child.
- I understand that the installation of the deaf or blind child warning sign does not make the Town responsible for any injury that occurs to my child.
- I understand that I am responsible for notifying the Town of Avon Public Works Department if my child no longer resides at the address for which the signs were placed.
- I understand that the warning signs will be removed once my child reaches 18 years of age.

Signed:  
Printed Name:  
Date: